| FOR COUNTY USE ONLY |
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| SAN BERNARDING | Change SC | | | | Dept. A | Contra | act Number | |
|--|---|-----------------------------|---------------------|-------------------|----------|----------------|--------------------------|--------------------|
| 340 | Cancel County Department Dept. | | | | | Orgn. | Contracto | 's License No. |
| G G | | Public Health / ICEMA PHL | | | | | | |
| County of San Bernardino | | | | | | | I Amount | |
| FAS | Contract Type X Revenue Encumbered Unencumbered Other: | | | | | | | |
| CONTRACT TRANSMITTAL | | | | act type, provide | | | | |
| | Co | mmodity Co | ode Cor | ntract Start Date | Contract | End Date | Original Amount | Amendment Amount |
| | Fund | Dept. | Organizatio | | - | v Source | GRC/PROJ/JOB No | |
| | AAA Fund | PHL Dept. | 2805 Organizatio | 200 on Appr. | 8710 | V Source | 93000 GRC/PROJ/JOB No | \$25,000 Amount |
| | Fullu | Бері. | Organizatio | П Аррг. | Obj/KeV | v Source | GRC/FROJ/JOB NO | Amount |
| | Fund | Dept. | Organizatio | n Appr. | Obj/Rev | v Source | GRC/PROJ/JOB No | Amount |
| | | Project | Namo | | Ec | timated Da | ayment Total by Fisca | N Voor |
| | | t (EMS 405 | 0) with Californ | ia | Lo | stilliated i a | dyment rotal by risca | ii i cai |
| | Authori | ency Medica ty for Disas | ter Medical | | | | | |
| | Assista | nce Team (| DMAT) support | <u></u> FY | An | nount | I/D FY | Amount I/D |
| | | | | _ | _ | | | |
| | | | | _ | | | | |
| CONTRACTOR Emergency Medical Services Authority | | | | | | | | |
| Federal ID No. or Social Security | No | | | | | | | |
| Contractor's Representative Ca | rol MacF | Rae, Cont | tracts Manaç | ger | | | | |
| Address 1930 Ninth Street, Suite | 100, Sa | cramento | o, CA 95814 | -7043 | | Ph | one <u>(</u> 916) 322 | -4336 |
| Nature of Contract: (Briefly de | scribe ti | he genei | ral terms of | the contrac | et) | | | |
| This is a State contract with State Emergency Medical Services Authority in the amount of \$25,000 to support the San Bernardino Disaster Medical Assistance Team CA-2 training and deployment readiness for the period of July 1, 2004 through June 30, 2005. | | | | | | | | |
| State Contract Number EMS-4050 | | | | | | | | |
| State Contract Number EMS-4050 | | | | | | | | |
| (Attach this transmittal to all contracts not prepared on the "Standard Contract" form.) | | | | | | | | |
| Approved as to Legal Form (sign in blue in | k) | Reviewed | d as to Contract | Compliance | | Preser | nted to BOS for Signa | ture |
| <u> </u> | | > 0 | YIAR | | | <u> </u> | | |
| County Counsel (Charles Larkin) | nsel (Charles Larkin) Department Head (James A Felten) | | | | | Felten) | | |
| | | | | | | | | |
| Auditor/Controller Bookder Us | a Only | | | | | | | |

| Auditor/Controller-Recorder Use Only | | | |
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| ☐ Contract Datab | oase 🗆 FAS | | |
| Input Date | Keyed By | | |

| Date | Date | Date |
|------|------|------|

Auditor/Controller-Recorder Use Only

| ☐ Contract Datab | oase 🗆 FAS |
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| Input Date | Keyed By |
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